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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

a patent is sought on the invention entitled:								
	I	ETECTION OF SP.	ATIALLY REPEATI	ng Signatui	RES			
the specification of which is attached hereto, unless the following box is checked:								
0	which was and assign	s filed on led serial number		· · · · · · · · · · · · · · · · · · ·	·			
I hereby st including th	ate that I have he claims, as an	reviewed and unnended by any am	nderstand the conte endment referred to	ents of the ababove.	pove-identified spec	offication,		
I acknowled 1.56.	dge the duty to	disclose informati	on which is materia	al to patentabi	lity as defined in 3	7 C.F.R. §		
I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT international application having a filing date before that of the application on which priority is claimed:								
Application	ı number	Country	Filing date	Priority claimed []	Certified Copy []			
I hereby cla below:	aim the benefit	under 35 U.S.C.	§ 199(e) of any U	nited states F	Provisional applicat	ion listed		
Application	number	Filing date						
subject mat internationa the duty to became ava	ational applicat ter of each of t il application in disclose inforn	non designating the claims of this and the manner proving the manner proving the filing date of	e United States of application is not dided by the first paraterial to patentabi	America, list isclosed in the agraph of 35 lity as define	cation(s), or § 365(ed below and, inso e prior United State U.S.C. § 112, I ack d in 37 C.F.R. § 1. ational or PCT into	far as the es or PCT nowledge 56 which		
Application	number	Filing date	Patent number, if	applicable				

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and any other applications based thereon and to transact all business in the United States Patent and Trademark Office and any other competent international authorities in connection therewith:

ATTORNEY	R _{EG} .#	A _{TTORNEY}	R _{EG} . #
Andrew S. Neely	28,979	Rick Barnes	39,596
Mark S. Graham	32,355	Mark P. Crockett	47,507
Robert O. Fox	34,165	J. David Gonce	47,601
David E. LaRose	34,369	Michael T. Lukon	48,164
Geoffrey D. Kressin	28,730	Kevin McAndrews	34,496
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and request that all correspondence and telephone calls in respect to this application be directed to:

CUSTOMER NUMBER 00408

LUEDEKA, NEELY & GRAHAM P.O. Box 1871 Knoxville TN 37901

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Attorney docket:

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I hereby authorize the attorneys named herein to accept and follow instructions from KLA-Tencor Technologies Corporation as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to KLA-Tencor Technologies Corporation.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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